DROPOFF FORM	
Name:	Consignor ID: Email:
Phone:	Email:
My contact info in the consi	gnor portal (MSM) is correct for communication and payment.
I confirm that none of my ite	ems are subject to recalls.
I understand that unsold ite and 12:00 PM.	ms must be picked up on Sunday, May 25, 2025, between 9:00 AM
	I will email kristina@kiddosconsignment.com with the name of an who must present ID upon collection.
	PM will become the property of Kiddos Consignment and will be 1 each or donated to a local charity.
_	to shop during the pre-sale event, along with two additional guests orize friends or family to shop using my consignor number.
I am also eligible to particip	ate in Dollar Day on May 25, 2025, from 1:00 PM - 2:00 PM.
If I cannot pick up my paym stamped envelope before o	ent during the designated time, I will provide a self-addressed, during the event.
I acknowledge the risk of lo	ss, damage, or theft of items and release Kiddos Consignment from
Signature:	Date:
	PICKUP SECTION
Name:	Consignor #:
I am the owner of the unsolopick up items, dispute, or co	d items I am picking up, or the owner has authorized me via email to llect the consignor check.
	day and confirm the amount of \$ Disputes will result in the 0 business days. Once I accept check, I cannot dispute the amount.
I have collected all items I w	ish to retain.
Signature:	Date: